

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/593798 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							0					
2	/							1					
3	/							0					
4	/							0					
5	4							0					
6	0							0					
7	0							0					
8	0							1					
9	0												
10	0												
11	0												
12	0												
13	0												
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33	0												
34	0												
35	0												
36	0												
37	0												
38	0												
39	1												
40	1												
41	1												
42	1	4											
43	0												
44	0												
45	0												
46	0												
47	0												
48	0	1											
49	0	1											
50	0	1											
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													